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10/588,653		433	3732	66489-107

APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

GERMANY 10 2004 006 805.4 02/11/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

04/20/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and	/MATTHEW M NELSON/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	GERMANY	3	20
Acknowledged					3

ADDRESS

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TITLE

Manual dental instrument, dental care unit and method for displaying data using a manual dental instrument

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit